

Henshaws Society for Blind People Henshaws College Harrogate

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Henshaws College Harrogate on 9 February 2016. This was an announced inspection. We informed the registered provider at short notice that we would be visiting to inspect. We did this because we wanted the registered manager to be present to assist us with our inspection.

Henshaws College Harrogate is part of Henshaws Society for Blind People. It is registered with the Care Quality Commission (CQC) to provide personal care and accommodation for up to sixty-five younger adults who have a learning disability and complex physical care needs.

There was a new manager in place who had applied to be registered with the CQC. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager and staff knew about safeguarding procedures and followed these in order to protect people. Safeguarding issues were discussed at student meetings and people knew who they should speak with if they were upset or worried. Information was produced in easy read formats and displayed in college and in the individual houses where people were accommodated.

The service had an in-house HR department who followed appropriate recruitment checks to help ensure suitable staff were recruited to work with people who used the service. There were sufficient numbers of staff on duty to make sure people got the help and support they needed in a timely way.

Risk assessments were used to identify risk and action was taken to reduce the risks identified.

Arrangements were in place to make sure people received their medicines safely.

We found that staff received appropriate training, supervision and support to carry out their roles effectively. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink, maintain good health and they had access to local healthcare professionals and services when needed.

People who used the service and relatives were involved in decisions about their care and support needs. People's support plans were personalised and clearly set out people's needs, wishes and aspirations. We saw that people had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

People and relatives we spoke with knew who to speak with if they had any worries or concerns. Staff told us that they were also alert to people's moods and any changes in behaviour which could indicate someone

needed more support.

The staff told us managers were approachable and they felt well supported by the organisation. Staff meetings took place regularly and staff told us they were encouraged to share their views and managers acted upon what they said. .

Managers and staff carried out audits so they could identify any shortfalls in the service and ensure that action was taken to improve the service. People who used the service were encouraged to give their feedback informally, through the weekly house meetings or via the student council.

We found that effective managements systems were in place to safeguard people and promote their wellbeing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff we spoke with understood the local safeguarding protocols and used these in practice to protect people. Safeguarding issues were discussed at student meetings and people knew who to speak to if they had any issues.

Appropriate recruitment checks were completed to help ensure suitable staff were recruited to work with people who used the service. There were sufficient numbers of staff on duty to make sure people got the help and support they needed.

Risk assessments were used to identify risk and action was taken to reduce the risks identified.

Arrangements were in place to make sure people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training, supervision and support. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was

individualised to meet people's needs.

Is the service responsive?

Good ●

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs. People's support plans were personalised and clearly set out people's needs, wishes and aspirations.

People had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

People and relatives knew who to speak with if they had any worries or concerns. Staff were also alert to people's moods and any changes in behaviour which may indicate there was a problem.

Is the service well-led?

Good ●

The service was well led.

The service had a new manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Managers and staff carried out audits so they could identify any shortfalls in the service and ensure that action was taken to make improvements.

People were encouraged to give their feedback through the weekly house meetings or through the student council.

Staff meetings took place regularly. Staff told us they felt listened to and they were encouraged to share their views.

Henshaws College Harrogate

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 9 February 2016. This was an announced inspection. We informed the registered provider at short notice that we would be visiting to inspect. We did this because we wanted the registered manager to be present to assist us with our inspection. The inspection team consisted of two inspectors and a specialist adviser who was a qualified social worker with experience of working with people with a learning disability.

Before the inspection we reviewed all the information we held about the service. The registered provider had completed a provider information return (PIR) in September 2015. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 57 students, approximately 50% of whom were residential. Students were accommodated in 'houses' on campus: Nidd, Ouse and The Starting Point (TSP). We spoke with seven people and spent time with people who used the service in communal areas. We observed the lunchtime experience in the college dining room and in one of the houses. We spoke with two relatives of one person who used the service. We reviewed information we received from people's families and social workers and we spoke with the local authority contracts and commissioning team and safeguarding team from the local authority to gain their views.

We spoke with the college principal, the manager, a residential care manager, senior carers, student enablers who worked with students in college in the residential houses and domestic staff.

We reviewed a range of records including care records for five people. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures.

Is the service safe?

Our findings

People told us they liked the staff and felt safe. Posters were displayed throughout the college explaining who students should go to for any issues. These posters were displayed prominently in each house and staff pictures and names included staff who worked specifically in that house. One poster had details in braille. We observed in the notes from student meetings held in January 2016 in Ouse that safeguarding had been discussed. The senior carer explained that this was an agenda item discussed each term to ensure that students were aware of the support available to them if they felt unsafe. In the notes there were pictures to explain what students should do if they felt unsafe or unhappy about any aspect of their life in the college. This meant that safeguarding was discussed and there were different ways in which this was communicated to students to meet their individual needs.

Staff we spoke with were clear about safeguarding. One student enabler described what she understood by safeguarding and confirmed that they had received recent training. The senior carer said that she had undertaken safeguarding with North Yorkshire County Council. She said, "I would always support staff to undertake training and I am confident in my staff reports. They all do safeguarding alert training."

The manager explained that she had encouraged reporting of all safeguarding incidents and as a result staff had increased the number of safeguarding alerts raised with the local authority. A senior carer said that they believed that this was a good, positive idea, and enabled the team to demonstrate that all incidents were investigated and action was being taken. They provided two recent examples of safeguarding regarding an incident between students and a medication error. They said that these incidents had been investigated and as a result, staff were able to learn from the situation and put appropriate plans in place. They said that the increased reporting did not mean that there were more safeguarding concerns, as these incidents had always been investigated, but the formal reporting had increased.

Staff were aware of the whistle blowing policy and they said that they would have no hesitation in reporting any concerns but said that they hadn't had to use it. Two relatives we spoke with said they were confident staff would raise any issues and had done so in the past.

The recruitment process followed Department of Education (DE) Keeping Children Safe in Education guidelines including completion of an application form, a formal interview, and previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also minimised the risk of unsuitable people working with children and vulnerable adults. We saw records to confirm that DBS checks were completed prior to staff starting work.

We spoke with a residential care manager about current staffing levels. They said that there was currently a deficit of 270.5 hours a week. They explained that this was managed by the use of existing staff who were offered overtime and the use of agency staff. The manager told us that agency staff were used from two agencies and staff who worked in the college were regular, knew the students and understood their

individual needs.

In Ouse the senior carer explained that for seven students there were five staff available from 7.30am and occasionally 6am depending on people's individual timetable and planned activities. They said that staff supported students to make breakfast and then worked with them in college during the day. At lunch time there were four staff available to support students including the senior carer. These staff asked students what they wanted to eat, chatted and also ate their own lunch. There appeared to be plenty of support. The senior explained that there was one sleeping and one waking staff in Ouse from 10.00am-8.00pm.

One person who required full support for personal care needs although we were told that most students in that particular house were independent, requiring minimal support with personal care and some verbal prompting. Staff we spoke with said that they believed that these levels were more than adequate for the needs of students. We were told that one person who required full personal care was in transition which meant that he was staying in Ouse from Monday to Friday with a view to staying at the college full time in the future. The senior carer explained that staffing levels had been adjusted to enable care to be provided during this transition phase.

We discussed the needs of students living in The Starting Point (TSP) with a residential care manager and a senior carer. TSP supported students with more complex needs, predominantly autism in various forms. The residential care manager explained that they were recruiting staff at a higher rate of pay and with different qualifications in recognition of the different and specialist needs of the people being supported. These staff were called "Student support assistants" Student support assistants were required to undertake both the Care certificate and a teaching assistant qualification.

There were currently staff vacancies in TSP. Some vacancies were being covered by two staff who had a dual role and worked part time in TSP and in other houses on campus. The senior carer said that it had been frustrating at times as the recruitment process had been quite slow, but that it had been worth the wait to ensure that the most appropriate staff were appointed. On the day of the inspection we met four student enablers. One was working with a student on an individual basis and the remaining three had just come on duty for the afternoon/ evening shift. The team of three said that they were all relatively new to the role but expressed very positive comments about the support that they had received from the team as part of their induction. They explained that they had had more than adequate time to read care plans and really understand the different needs of students who were living in TSP. One person commented that this was unusual in their experience where in previous roles they had been asked to start working immediately.

At the time of our inspection none of the people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

A risk assessment was in place for people who required emergency medicines to ensure, for example, that people requiring such medicines in the event of an epileptic seizure would get them immediately.

Staff at the service were responsible for the ordering of some medicines for people who used the service and for other people, parents/ guardians ordered medicines and sent them into the service. Staff were very knowledgeable about the people they provided care and support to and were aware of when people may need medicines such as pain relief.

We looked at the arrangements that were in place to manage risk so that people were protected and their

freedom supported and respected. When people behaved in a way that may challenge others, staff managed situations in a positive way to protect people's dignity and rights. The manager and staff we spoke with demonstrated they sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed.

The whole of the college campus was protected by a card entry system, which gave staff and students access to approved parts of the site, thus protecting people. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates that showed that relevant checks had been carried out on the fire alarm, fire extinguishers, gas safety and hoists. All staff had received fire safety training and alarm systems were subject to regular inspection involving weekly checks from the maintenance team who also undertook water safety and other safety checks. Alarm systems were linked to the fire service who, the provider told us in their PIR, had used the College for training purposes and helped with training and acclimatisation of students.

Personal emergency evacuation plans (PEEPS) were in place for each person. These provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. Staff and relatives told us that recent disruption to the electricity supply in Ouse had highlighted an issue with evacuation procedures for some people. We spoke with the principal who told us they were reviewing the procedures currently in place.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said accidents and incidents were not common occurrences, however the service had appropriate documentation in which to record an accident and incident should they occur.

Is the service effective?

Our findings

We talked with staff about the training that they had undertaken. Staff said that they regularly undertook mandatory training including safeguarding, and records confirmed this. We saw in three staff files that personal development plans were in place. These recorded goals that staff had discussed with their supervisor which were reviewed as part of the next supervision session. Goals focused on training needs and also aspects of their behaviour in work such as building confidence.

We asked a senior carer if they had undertaken any specific management training for their role and they said that they had not but were well supported by their manager and were able to discuss any issues. The main training they had undertaken was the higher level of safeguarding training as a responder. Another senior carer said that they were in the process of completing their certificate in care. When we asked what specialist training staff received in supporting students with autism, the senior carer said that they had been supported to undertake a two day training course in Picture Exchange Communication System Training (PECS). They explained that they were in the initial stages of implementing this and in due course would train colleagues in using this method of communicating. We were told that two other staff were also trained in this method. Staff said that they had received training in Makaton which we were told was widely used to communicate with students.

We observed in three staff files that supervision was held on a regular basis each term. There were detailed notes in the files completed by the supervisor providing the supervision and notes from the staff member. Both were signed and dated on the day of the supervision. It was evident from the notes on files that staff were encouraged to reduce hours or their responsibilities in order to be supported through times when there was illness or other personal issues. We saw that this was regularly reviewed. Staff told us that they had regular supervision and appraisal meetings with senior staff. We observed in staff files notes of appraisal discussions which had been held on an annual basis.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. From the discussions with staff, it was clear that people were supported to make choices and staff said that they would seek their consent before any activity or intervention. We observed in support plans that students had signed their plan and saw that people were given choices about how they spent leisure time when not attending formal timetabled college

sessions.

The manager and staff we spoke with told us that they had attended training in the MCA with regard to people who may not be able to make their own decisions, particularly about their health care, welfare or finances. They had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice. At the time of the inspection, one person was subject to a Deprivation of Liberty Safeguarding (DoLS) authorisation. The manager told us they had been having in-depth discussions with other healthcare professionals to determine if there was a need to complete capacity assessments and DoLS for other people.

One member of staff told us that most people who attended the college were able to communicate and give consent. A senior care staff gave one example of a student who was described as having fluctuating capacity and on occasions tried to abscond if they were upset. She said that this had been discussed with the student and they had agreed that if this situation occurred they would want the staff to support them not to leave the college. This was recorded in the care plan and the senior said that any incidents would be clearly documented. .

Staff spoke positively about communication in the service and said that they completed the daily notes for each student and had verbal handover sessions with colleagues at the start of each shift. One staff member we spoke with said that staff had received training in 'Team Teach' which provided clear guidelines for staff about what to do if it became necessary to restrain students. They said that they had not had to use this technique in five years of working in the service but that it ensured a consistent approach to support. They said "Everyone's on the same page, if you can see an incident through training you would know what you had to do."

We observed lunch in Ouse where staff supported students who attended college during the week and went home each weekend. On the day of the inspection there was a choice at lunch time of macaroni cheese or sandwiches with salad. We saw that students were asked for their preferences for the lunch the following day at lunch time. We were told that breakfast was prepared on the unit and students had a choice of what they preferred. They were supported to prepare their own breakfast. The evening meal was provided from the main kitchen and if students had individual preferences they could purchase other food or bring this with them from home. Students appeared to enjoy their lunch.

We asked the manager about nutritional assessments used to identify specific risks with people's nutrition. The manager told us that college staff closely monitored people and speech and language therapists were available on site to support if needed. We observed in care plans details of specific dietary requirements. For example, the need to ensure that drinks /fluids were taken regularly where one person had a health condition.

People told us that they were involved in making choices about the food they ate and they met to discuss and choose food for the week days ahead. Some people went home at the weekend so the menu wasn't planned for those days. People would choose what they would like to eat on the day. Staff told us how they encouraged a healthy diet and that fresh fruit and vegetables were readily available and used. This was evident from the choice available at lunch in the main college dining room. We saw that mealtimes were a social occasion in which staff and people sat together to eat their meal.

People who used the service and staff regularly used the independent living skills room in college. This is a room with cookers and other kitchen facilities which can be lowered or raised in height. This meant that people who used wheelchairs were able to lower the facilities to the height which was suitable to them.

When people who used the service accessed this facility they planned what they want to cook. People then went shopping for the ingredients. On return from shopping they helped with preparation and cooking and afterwards cleaned up.

Most people were registered with a doctor in the area they lived with their parents / guardian. If people needed medical treatment when they were away from home they would be taken to the local GP surgery where they could see a doctor or nurse practitioner. Some people were registered with a GP locally in Harrogate. The manager told us that they monitored people closely and staff provided daily updates on people. Speech and language therapists were also available during the day as were physiotherapists, which meant people received on going support with their health care needs.

Is the service caring?

Our findings

People spoke positively about the college and the staff. A relative we spoke with said, "The general culture is one of caring."

We found the atmosphere was relaxed and people looked comfortable and at ease with staff. During our inspection we saw numerous positive interactions between staff and students, with lots of laughter and friendly banter. We observed that staff took time to listen to what people were saying and it was evident from our observations that staff could understand the needs of people who used non-verbal methods of communication. The manager said they could tell by someone's body language if they were worried or upset and always followed up any issues of concern with the person.

It was evident from discussions that all staff knew people well, including their personal history, preferences, likes and dislikes. We saw that policies and procedures promoted the concepts of choice, equality and diversity. In discussions with the principal they agreed this was an area they would wish to promote further with people who used the service and staff. Staff told us they followed the Dignity in Care Charter, which promoted the values of respect, dignity and privacy. They said that they enjoyed working in the service and expressed their commitment to their work. Staff talked about how they supported people to make choices and asked them what they wanted to do. During lunch there was friendly and supportive conversations between staff and students about what they were planning to do in the forthcoming "Henshaw's Got Talent" auditions. We saw staff were patient when speaking with people and encouraged everyone to join in and contribute towards conversations.

One staff explained that people were supported to be as independent as possible. A senior care staff explained that there was a direct relationship between the skills that students were supported to develop in college and how these were supported outside college hours for example by practising their cooking skills. We observed in support plans that students had goals and that these were reviewed on a regular basis. There was a 'skills transfer folder' which enabled staff to be clear about what skills each student was working on. We asked how students living in Ouse (and who went home each weekend) were supported to maintain their independence at home with family. The senior carer explained that the staff had positive relationships with parents and they were encouraged to attend reviews where they discuss goals and how these will be supported and maintained.

Students had personal support plans, created and agreed with them and involving parents and carers where appropriate. The support plans we saw documented the support people required and how the student preferred it to be delivered. They focused on promoting students' existing abilities and developing full potential through identification of goals for achievement. The residential home manager told us that no one currently had an advocate but there was a local service available if it was required. We discussed this with the manager and the principal who confirmed that they would also consider the use independent advocates to support students who were used to involvement from parents / guardians in decision making regarding consent to treatment.

Each student had a 'Progression Mentor' who was like a key worker. One such mentor we spoke with explained that their role was to attend reviews, they developed relationships with family and if required call parents if more money or clothes were required. The senior care staff said that they believed that they were successful in building and maintaining relationships with family members and that they aimed to give family members as much information as possible at the start when a student first attends Henshaws.

We saw staff were attentive and treated people with dignity and respect. Staff worked in a way that protected people's privacy and dignity. For example, we saw that doors were kept shut when providing personal care. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

We found support plans were person centred and included details of people's individual likes and dislikes. At lunchtime students described the activities that they enjoyed. Two students said they enjoyed swimming and horse riding. We looked at five care plans in detail and found that they were written in the first person throughout. They included a detailed description of "All about me" and "Things I like"; students had include cooking, disco and movies. Under 'Things I don't like' included were "loud noises, shouting places." This information helped staff plan suitable activities, which people might enjoy.

There were mental capacity assessments in place and risk assessments for example, for manual handling and allergy management plans. For one student there was a specific risk assessment for a particular health issue which clearly described how this should be managed by staff. There were also 'independence support plans' in place which described ways in which students were supported by staff to develop independence in daily living tasks.

Care staff told us that they thought the care plans were very good, easy to read and contained information required to care for the person. They said that care plans described the routines of people who lived in the service and their likes and dislikes. They confirmed that these were updated when any changes occurred. Three recently appointed staff working in TSP said that during their induction period they had had plenty of time to read support plans and understand individual needs before they provided unsupervised support.

The residential care manager explained that there were long term plans to offer 52 weeks a year support to students who may benefit from an extended service. In the interim, staff said that they had looked at ways to provide some peer support and interaction with contact in the holidays from one of the provider's community homes.

We observed people were supported by staff using a visual timetable and activity board. This provided pictures of activities that were available at set times during the day. When we spoke with staff they told us that they were flexible and responded to the mood and wishes of the student. We observed in TSP that there was a sensory room which included soft relaxation areas, soft lighting and a sound system for calm music. We were told that this was popular with people who used the service. The garden area immediately outside the communal living area was in the process of being redesigned to enable students to be able to safely use the outside space.

Staff told us that people's care plans were reviewed on a termly basis and there was an annual review where family members were invited. One carer said that the timing of the reviews was usually dependent on the cycle of local authority funding for that individual. We were told that reviews were also attended by staff from the college and residential unit, social workers and staff concerned with potential career placements.

Staff described the different activities which were undertaken by people living in the service. We saw a timetable of regular evening activities. When we talked with staff they said that they supported and encouraged students to attend but if they preferred to remain on the unit where they lived there were

always staff members available to support them. One staff member said "They've got loads of choices, so many activities we really encourage activities." One care staff explained that one person chose not to go to the Thursday disco but was persuaded to try it and really enjoyed themselves. A relative we spoke with told us the person who used the service had access to lots of activities which included the swimming pool, hydrotherapy pool and trips out.

New students had an induction programme to familiarise themselves with the campus and meet the staff who would be providing their support. For some people this was their first time away from home and the principal told us this was an important time and staff would spend time talking to people about bullying and the importance of speaking to staff if they had any worries. Discussion with the manager and the principal confirmed that any concerns or complaints would be taken seriously.

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

Henshaws College Harrogate is part of a Charity that provides services across the North of England. The organisation is managed by a Board of Trustees to whom the senior management team report.

When we visited there was a new manager and their application to be registered with the CQC was in progress. Staff and managers were supported by wider support services, which included an in-house human resources (HR) department and access to an independent external counselling service. The HR team also arranged an annual staff survey to identify specific issues and trends that needed to be addressed. A Health and Safety Manager had responsibility for Health and Safety Policies, monitoring and analysing incidents and accidents and keeping staff and students safe. Staff surveys and wellbeing assessments were followed up with a "You said we did" communication from HR.

Staff told us that team work was good and that there was open communication with the manager and senior managers. The manager told us they had a clear vision for the future development of the service, to promote people's independent living skills and communication skills. Staff we spoke with said that staff meetings were held every fortnight, which gave them the opportunity to share ideas and discuss complex cases. We saw evidence that staff had raised concerns with a manager about the behaviour of colleagues and this information had been acted on and appropriately investigated.

All the staff we spoke with said that they felt supported by managers and that they were able to make suggestions. One staff member who was going on maternity leave on the day of the inspection said that they had had regular risk assessments undertaken throughout their pregnancy and excellent support from their line manager. "They are constantly checking that I'm ok." Senior staff we spoke with said that they believed that the emphasis on increased reporting of safeguarding incidents was a positive development and they supported it.

Effective management systems were in place and formal auditing systems were used to monitor the quality of the service provided and improve the service. We saw that where audits had identified issues then appropriate action was taken to identify the actions required and where needed independent consultancy advice and support was gained.

We asked the manager how they sought the views of people who used the service and relatives. They told us an annual survey was completed and students could voice their opinions through the weekly house meetings and with representatives on the student council. Two relatives we spoke with during the inspection told us they were happy to voice their opinions and felt that managers and staff would act upon their views.

The manager told us that the service is well known in the in the local community and derives a lot of support locally and they were hoping to extend the opporutinites for the community to use their facilities. The manager told us people who used the service were well known in the community and welcomed in the shops and cafes.